



Secretary of State
Elections Division
101 North Carson Street, Suite 3
Carson City, Nevada 89701-3714
Phone: (775) 684-5705
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Office of the
Secretary of State

Barbara Cegavske

Barbara Cegavske
Elections Division

**State of Nevada
Committee for Political Action
(PAC)**

Registration Form

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JStokes
1/13/2016

2425

ABOVE SPACE IS FOR OFFICE USE ONLY

- ☐ New Registration ☐ PAC (Advocating Passage or Defeat of a Ballot Question)
- ☒ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))
- ☐ Amended Registration: check all that apply
- ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
- ☐ Change Name ☐ Previous Name of PAC
- ☐ Other:

Name of Committee:
Nevada Women's Alliance

Telephone:

Mailing Address:
5501 Spandrell Circle

Street Name, Number

Sparks
City

NV 89436
State Zip Code

PAC Active Email Address:

PURPOSE: Briefly state the purpose for which the PAC was organized.
To support candidates who are committed to strengthening Nevada's economy and education system.

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:
Jodi Stephens

Telephone:
775-830-4711

Physical Address:
5501 Spandrell Circle

Street Name, Number

Sparks
City

NV 89436
State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

X *Jodi Stephens*
Signature of Registered Agent

Date:
1/13/16



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STATE OF NEVADA
**Committee for Political Action
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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:

Jodi Stephens

Telephone:

775-830-4711

Mailing Address:

5501 Spandrell Circle

Sparks

NV 89436

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

SUBMITTED BY:

X Signature of Representative of Group

Printed Name:
Jodi Stephens

Date:
1/13/16

Telephone:
775-830-4711